

# **Clinical Education Team**

## **Clinical Case Summary**

| Name:        | Paul         | Age Range    | 20-25                |
|--------------|--------------|--------------|----------------------|
| Gender:      |              | ID Level:    | Average              |
| Prepared By: | Dayna Passer | Degree/Role: | Clinical Coordinator |

#### **Describe the Person**

### **Living Situation**

Paul lives with his parents and his sister in their home in an urban city in Western, NY.

## **Day Situation**

Paul was employed at a grocery store and works a couple nights a week. Paul also has a couple community habilitation staff that take him out to do things in the community a couple times a week.

## **Describe Person**

Paul is a kind and creative young man. He lives with his parents, and younger sister. He values his relationship with his immediate family members very much. Paul has very diverse skills and interests that include all areas of arts, building and nature. Paul does best when he is in an environment where he feels safe and accepted. Paul enjoys interacting with others and being out in his community, learning new things and doing things he enjoys. Having clear expectations and set routines allows Paul to be independent in his daily routine. He takes the bus and, until recently, maintained a job at a grocery store.

## **Strengths**

- Kindness
- Perseverance
- Creativity
- Love
- Honesty

#### **Skills**

- Building models (Gundam)
- Arts painting, photography, clay works etc.
- Independence able to take transportation on own, holding down a job

#### **Interests**

- Film / animation
- Art (Photography, painting etc.)
- Comics
- Graphic novels
- Music (especially Jazz)
- Ice skating
- Nature
- Sci-fi (Star Wars / Star Trek)



| Biopsychosocial Profile                                    |   |  |  |  |
|--|---|--|--|--|
| Psychiatric Diagnoses:                                     | ADHD, Generalized Anxiety Disorder, Major Depressive Disorder   |  |  |  |
| Intellectual and Developmental Disability (IDD) Diagnoses: | Autism Spectrum Disorder  |  |  |  |
| Medical/Health Conditions                                  | Selective IGg deficiency, Asthma                                |  |  |  |
| Social Stressors:  | Recent difficulties at work, stress over family health concerns |  |  |  |

| Current Medications       |                      |  |  |  |  |
|---------------------------|----------------------|--|--|--|--|
| Medication                | Purpose              | Dose                                       |  |  |  |
| Methylphenidate (Ritalin) | ADHD                 | 20mg tabs / 1-3 times daily as needed      |  |  |  |
| Hydroxyzine (Prednisone)  | Anxiety              | 25 mg tab / up to 2 tabs as needed per day |  |  |  |
| Aripiprazole (Abilify)    | Depression           | 10mg at bedtime                            |  |  |  |
| Sertaline HCL (Zoloft)    | Anxiety / Depression | 100 mg / 2 tabs per day /<br>AM            |  |  |  |

## **Current and Recent Challenges**

Include challenges occurring over the past 3-6 months. Include events, changes in supports, medical problems or anything relevant to current challenges (RSQ findings). Consider categories (changes to supports, housing, meds, etc)

Paul's anxiety has been a significant contributor of his challenges across the last year. During COVID-19, Paul has many challenges because he felt anxious about getting sick. Paul feared the unknown when the pandemic began. Paul was not able to do as many activities or go out into the community as often as he would like due to pandemic restrictions. Paul likes to visit hobby shops and was unable to do so as much because of these restrictions. Paul felt trapped at home and often became verbally aggressive when he could not do what he would like to do. Paul recently lost his job because he wanted to be able to do more than just push carts and he felt he needed more support at his job. Paul's parents have been having difficulty getting some supports in place like community hab and respite because of the pandemic, causing more burn out from Paul's system. Paul and his family have been looking at assisted living apartments for Paul in the future, as Paul wants to be able to live independently as he gets older.

## **Life History from Birth to Present**

Begin at birth and encompass developmental and social history

Paul was born a healthy baby with no complications. His mother did not drink or smoke during pregnancy. Paul began developing infections and rashes when he was an infant and was diagnosed with an autoimmune disorder. Paul was a challenging infant and toddler to sooth, and often cried. Paul had delays in language and speech development as a toddler. When Paul was eighteen months old, he was evaluated, and the evaluation determined developmental and speech delays, and well as sensory issues. Paul engaged in repetitive speech and struggled to adapt to changes in his routine. Paul would often adhere to strict structure.

Paul was enrolled in an early intervention program at a local school. This school provided Paul with occupational, physical, and speech therapy. Paul's school determined when he was 5 that he needed more support and would need to repeat kindergarten in a 6:1:1 ASD classroom. Paul's family repeatedly got him evaluated for ASD, but the evaluations determined Paul did not fit the criteria and was diagnosed with general language and speech delays.



Paul was not diagnosed with ASD until 2009, when he was evaluated by a psychologist and determined he had Attention Deficit Hyperactivity Disorder and Asperger syndrome, which is now recognized as ASD. The psychologist also diagnosed Paul with Generalized Anxiety Disorder. During the assessment, it was noted that Paul had displayed more nervousness and panic in responses than other children, even children younger than Paul in similar situations.

Paul has always struggled with peer interaction and prefers to speak with adults. Paul experiences challenges relating to his peer due to restricted interests. Paul often feels self-conscious and may put himself down when he is feeling anxious about his behavior or challenging moments.

Paul received special educations services and had an individualized education plan until he graduated from a local high school. Paul often had a 1:1 aide to help him complete tasks while at school and redirect Paul when he was experiencing challenges completing tasks.

When Paul completed school, he began receiving services to enable him to find employment. Paul received a job coach that would help him become more independent, such as learning the public bus transit and going to work on his own independently. Paul continued to struggle with his anxiety, often stating he did not want to be alive, or that he felt he was worthless and a burden to his family.

Paul did not receive support while at his place of employment and struggled to self-regulate when he was becoming anxious at work. Paul and his family felt Paul needed more structure and support while at his job. Paul lost his employment during the COVID-19 pandemic, which resulted in Paul feeling more anxious due to fear of contracting the virus and not being able to leave his home as often as before.

## **Current Supports and Services**

Include family, community supports, and mental health services. Describe supports and services, frequency, type, etc. as well as any identified gaps. This information should be reflected on the ecomap on the following page.

Paul was referred to START services because of suicidal ideation beginning when he was 19 years old. Paul had been admitted for a psychiatric evaluation when he began vocalizing his suicidal ideation to his father. Paul began receiving NYSTART on October 30, 2019. NYSTART worked on crisis planning with the family and provided in home therapeutic coaching to identify coping strategies when Paul is anxious.

START has identified that Paul's anxiety has been the primary vulnerability leading to his crisis. Through assessments and crisis planning, his team identified that talking through plans and routines in a low-pressure manner allow Paul to be more comfortable and an opportunity to be successful in his daily tasks. Paul responds well to keeping situations positive and highlighting the good things that he has done or positive things that are happening right now.

Paul receives care coordination through a local Care Coordination Organization,

Paul previously was employed through a supportive employment agency that helped him to access competitive community employment.